

Minutes of the Managed Risk Medical Insurance Board's (MRMIB's)
Mental Health (MH) Liaison Workgroup Meeting
Thursday, October 30, 2008
10am-12pm

Participants:

HFP Plan and Behavioral Health Plan Representatives:

Anthem Blue Cross/Wellpoint – Terry Maxson
Blue Shield of California - Brenda Kaplan
CalOptima - Gisela Gomez
Central Coast Alliance – Lilia Chagolla
Community Health Group – George Scolari
Community Health Plan – Pam Hawkins
Inland Empire Health Plan - Susan Spooner, Jackie Rangel
Health Net – Rogelio Lopez
Kaiser Permanente – Carla Hix
Kern Health Systems - Anne Watkins, Julie Davis
US Behavioral Health – Jennifer Patterson, Carla Phillips, Martine Taynor, Allyson Prather

County Mental Health Directors Association

Don Kingdon
Suzanne Tavano

Department of Mental Health

Roxanne Vincent
Sarah Swaney

County Mental Health Representatives:

Sacramento County Mental Health - Billie Willson
San Diego County – Jennifer Schaffer
Sutter/Yuba County - Mel Diaz
Ventura County – Candance Jacobsen

APS Healthcare

Sheila Baler
Saumitra SenGupta

MRMIB Staff:

Shelley Rouillard – Deputy Director, Benefits and Quality Monitoring (BQM) Division
Ruth Jacobs – Assistant Deputy Director, BQM Division
Juanita Vaca – Research Analyst, BQM Division

Welcome and Introductions

Juanita Vaca introduced in-house participants and welcomed everyone. Participants were asked if there were any changes to the agenda. No changes.

APS Mental Health Contract Update

Ruth Jacobs gave an overview of the evaluation components. MRMIB was able to get an exemption from the Governor's Executive Order to start the APS contract. Key points of what APS will be doing are:

- Evaluating mental health and substance abuse services
- Evaluating plan policies and operations related to mental health and substance abuse
- Assessing coordination of care for mental health with physical health care
- Assessing utilization data from plans; we are experiencing some issues gathering encounter data, and are working with MAXIMUS and our plans on this issue
- Evaluating plan quality monitoring, how the plans use quality and outcome data to measure and improve quality
- Evaluating access to services: Timeliness of services, looking at the length of time from when the plan identifies a child needing services; and to when the child receives those services; identifying any barriers to services
- Looking at cultural and linguistic access and proficiencies, use of interpreters and bilingual therapists
- Looking at the provider panels to see if they actually reflect the make-up of the subscribers within the plans
- Convening five focus groups of subscriber families. APS will be arranging and facilitating the focus groups, preparing the questions and materials
- APS will review health plan materials and make recommendations to MRMIB if they feel that new plan materials need to be developed
- Identify best practices, and make recommendations for changes to processes and policies and how to facilitate data sharing between the plans, the providers, and the CMHDA

MRMIB hopes to have a good foundation to start to make changes to the system as a result of this evaluation.

(George Scolari)

Coordination of care between physical and behavioral health providers is extremely important for all. Some health plans do a good job of coordinating care between physical and behavioral health providers when they are providing the mental health services. When the kids are referred to the county and receive benefits as part of the SED referral, I can say that in San Diego County there is zero coordination. It will be great if APS could keep that in mind so it will show the differences.

(Ruth Jacobs)

No changes to the counties for the five focus groups previously mentioned. All 24 of the health plans will be assessed no matter where they are located. The focus of this assessment is on basic mental health services and substance abuse services provided by HFP plans. The evaluation of SED has been done. If APS, as part of their sample pick a child with an SED condition, then APS may follow the trail of how that child was referred and so forth.

(Sheila Baler)

Can't answer any specific questions at this time, as this is a meet and greet meeting. MRMIB and APS will have to revive the project plan we had made prior to the freeze of the contract. We welcome comments from the plans about issues whether or not they are in the scope of work. This will allow APS to have as much current information as possible.

Sheila was asked APS if some type of audit or evaluation instrument would be used? And if so, would that be available to the health plan before the site visit?

Sheila responded that APS know that the plans are very interested in the audit tool or, as they prefer to call it, the review tool. The scope of work and the contract that is a public document talks about the kinds of area that APS will be looking at.

SED Prescription Issue

Ruth reported that MRMIB has met with DHCS and DMH to talk about the SED prescription issue and the fact that the counties are unable to bill for those. MRMIB and DHCS came up with five different options that we wanted to share:

- Use DHCS Fiscal Intermediary which has just gone out for request for proposal (RFP). It will be two years before any kind of billing would be done through that system
- Use the Short-Doyle Medi-Cal (SD/MC) system to bill for prescriptions. This could be done sooner because SD/MC is in the middle of a re-do to the system and the counties are already in the process of changing their systems, perhaps by 2009
- Have MRMIB carve-in the SED services to the plans
- Carve-in prescriptions for children of SED to the plans
- Use one of the plans to be a pharmacy benefits manager for the HFP overall. Counties would bill through that system.

MRMIB also met with CMHDA to get their perspective. The counties said it would be better to use the SD/MC system since everyone is used to using this system and are in the process right now to change it.

Rogelio Lopez asked for clarification on the first option.

Ruth responded that the Fiscal Intermediary (FI) is EDS. However, DHCS just went out for proposals, so the new FI may not be EDS. It would be another two years before billing would be allowed.

Shelley stated that this option was included in the scope of work for the RFP for the FI, and would be one of the new activities that the new FI would do. It is an open option that MRMIB can decide to use or not to use.

George Scolari stated that in San Diego the pharmacies serving the SED kids go through a SD/MC pharmacy so they do have a billing mechanism even though the county is not reimbursed for it. He thinks that process would work easiest. He also stated "I just think that it's great that we are looking at this; it has been an issue for 11 years."

SED TRI-FOLD BROCHURE

Juanita presented the latest draft of the brochure. MRMIB received some feedback from George Scolari and Kathleen Pinchetti. Suzanne Tavano will provide some additional feedback from the counties. The brochure will be distributed for review when all the feedback is received and added to the draft.

HFP HANDBOOK CHANGES

Juanita discussed the summary of benefits section of the handbook and that it was expanded to highlight basic mental health services and also SED services provided by the county. This change was submitted for the 2008/2009 period. It clarifies the services and makes them clearer for the families. There may be more changes in the 2009/2010 period which will be provided for review. The changes will model what is being put in the Evidence of Coverage document.

Update on Autism Issue and DMHC

George Scolari reported the issue. Some advocates approached DMHC and want some kind of system where services are coordinated and timely accessed for diagnosis and evaluations. This is such a huge fragmented system that this issue will exist for a long time. One big issue is the Applied Behavioral Analysis (ABA) therapy; the advocates want the health plans to cover this service. The health plans feel that ABA is educational. Regional Centers (RC) currently cover this service. Once the plans start covering this, the Regional Centers would stop covering the service. The process is being reviewed to identify roles and responsibilities. This issue will not be resolved in a couple of months; this will go on for a while.

Suzanne Tavano asked how DMH weighed in, in terms of autism being a covered benefit for the Mental Health Plans.

George responded that part of the problem is trying to clarify who is doing all of it and what exactly is covered. He thinks this is all coming out better than even before like speech and occupational and physical therapy and we all do it now. It's confusing on who is doing what, when, who is coordinating it and who is doing the evaluation. There are concerns about the ABA because it's not done by licensed providers for the most part, although it could be. Health plans pay for licensed providers. The RC covers the ABA in San Diego. They have all kinds of providers. Plans have been told by the regional center CEO that if the plans pay for the ABA service one time, the RC will stop because they are payor of last resort in all cases. And this would apply to all counties. He is concerned that while severely autistic children are getting all their services, those children with less severe autism have more trouble accessing these services. DMHC is working closely with the plans.

Suzanne noted that a primary diagnosis of autism is not within the target population to be served by county mental health plans. There's a bit of a gap.

George noted under Medi-Cal mental health, the MH services are carved out of the MC health plans. Autism is not a covered diagnosis under MC. This impacts not only MC, Healthy Families plans; it also impacts the commercial plans as well. It is projected approximately \$300 million dollars a year in total cost to California health plans, if the plans are suddenly required to cover autism. This has not been a problem with Healthy Families, George stated that he has seen a number of autism referrals which have gotten into plans and not one of them have been referred to the county for SED because the autism has not been that severe.

OPEN FORUM

Ruth told the group that Sarah Swaney will return to MRMIB on November 24th. Sarah will be taking over her role as lead coordinator of the APS contract.

NEXT MEETING:

Next meeting will be January 29, 2009.

Meeting was adjourned.